

Exhibit A

AFFIDAVIT OF LEIGH-ANNE LEE

Comes now the affiant, Leigh-Anne Lee, who, having first been duly sworn, states that the following statements are true in regards to Plaintiff Margaret Bryant:

1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Tennessee, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am a legal assistant with Galligan and Newman.

2. On October 12, 2012, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC, at both the addresses for the agent for service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, TN 37203-2023) and the provider's current business address (Floor 9, 4230 Harding Pike, Nashville, TN 37205-2013 as required by Tennessee Code Annotated § 29-26-121

(a). On July 3, 2013, I mailed by certified mail, return receipt requested a Supplemented Notice letter and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC at both the addresses for the agent of service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, TN 37203-2023) and the provider's current business address (Floor 9, 4230 Harding Pike, Nashville, TN 37205-2013 as required by Tennessee Code Annotated § 29-26-121

(a).

3. I attach as Exhibit 1 a copy of the Notice letters sent to Saint Thomas Outpatient Neurosurgical Center, LLC along with the copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization

permitting Saint Thomas Outpatient Neurosurgical Center, LLC to obtain complete medical records from each other provider being sent a Notice.

4. I attach as Exhibit 2 copies of the Certificates of Mailing from the United States Postal Service stamped with the date of mailing of the Notice and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC.

5. On October 12, 2012, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, Tn 37203-2023) and the provider's current business address (2011 Murphy Avenue, Suite 301, Nashville, TN 37203-2023) as required by Tennessee Code Annotated § 29-26-121 (a). On July 3, 2013, I mailed by certified mail, return receipt requested a Supplemented Notice letter and enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process (Gregory B. Lanford, M.D., 2011 Murphy Ave, Ste. 301, Nashville, Tn 37203-2023) and the provider's current business address (2011 Murphy Avenue, Suite 301, Nashville, TN 37203-2023) as required by Tennessee Code Annotated § 29-26-121 (a).

6. I attach as Exhibit 3 a copy of the Notice letters sent to Howell Allen Clinic A Professional Corporation along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Howell Allen Clinic A Professional Corporation to obtain complete medical records from each other provider being sent a notice.

7. I attach as Exhibit 4 a copy of the Certificate of Mailing from the United States Postal Service, stamped with the date of mailing of the Notice and enclosures to Howell Allen Clinic A

Professional Corporation.

8. On July 3, 2013 I mailed by certified mail, return receipt requested a Notice letter and enclosures to Debra Schamberg, R.N., (Howell Allen Clinic, 2011 Murphy Ave., Suite 301, Nashville, TN 37203) as required by Tennessee Code Annotated § 29-26-121 (a).

9. I attach as Exhibit 5 a copy of the Notice letter sent to Debra Schamberg, R.N. along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Debra Schamberg, R.N. to obtain complete medical records from each other provider being sent a notice.

10. I attach as Exhibit 6 copies of the Certificates of Mailing from the United States Postal Service, and enclosures to Debra Schamberg, R.N.

11. On July 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and enclosures to John W. Culclasure, M.D. at the address listed for Dr. Culclasure on the Tennessee Department of Health website (Howell Allen Clinic, 2011 Murphy Ave., Suite 301, Nashville, TN 37203) and at the provider's current business address (Saint Thomas Outpatient Neurosurgical Center, LLC, 2011 Murphy Ave., Ste. 301, Nashville, TN 37203-2023) as required by Tennessee Code Annotated § 29-26-121 (a).

12. I attach as Exhibit 7 a copy of the Notice letter sent to John W. Culclasure, M.D., along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting John W. Culclasure, M.D. to obtain complete medical records from each other provider being sent a notice.

13. I attach as Exhibit 8 copies of the Certificates of Mailing from the United States

Postal Service, and enclosures to John W. Culclasure, M.D.

14. On October 12, 2012, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Saint Thomas Hospital at both the address for the agent for service of process (E. Berry Holt, III, Suite 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (4220 Harding Pike, Nashville, TN 37205-2005) as required by Tennessee Code Annotated § 29-26-121 (a). On July 3, 2013, I mailed by certified mail, return receipt requested a Supplemented Notice letter and enclosures to Saint Thomas Hospital at both the address for the agent for service of process (E. Berry Holt, III, Suite 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (4220 Harding Pike, Nashville, TN 37205-2005) as required by Tennessee Code Annotated § 29-26-121 (a).

15. I attach as Exhibit 9 a copy of the Notice letters sent Saint Thomas Hospital along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Saint Thomas Hospital to obtain complete medical records from each other provider being sent a notice.

16. I attach as Exhibit 10 copies of the Certificates of Mailing from the United States Postal Service, stamped with the date of mailing of the Notice, and enclosures to Saint Thomas Hospital.


17. On October 12, 2012, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Saint Thomas Health Services at the address for the agent for service of process (E. Berry Holt, III, Ste. 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (Suite 800, 102 Woodmont Blvd, Nashville, TN 37205) as required by Tennessee Code Annotated § 29-26-121 (a). On July 3, 2013, I mailed by certified

mail, return receipt requested a Supplemented Notice letter and enclosures to Saint Thomas Health Services at the address for the agent for service of process (E. Berry Holt, III, Ste. 800, 102 Woodmont Blvd., Nashville, Tn 37205-2221) and the provider's current business address (Suite 800, 102 Woodmont Blvd, Nashville, TN 37205) as required by Tennessee Code Annotated § 29-26-121 (a).

18. I attach as Exhibit 11 a copy of the Notice letter sent to Saint Thomas Health Services along with copies of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served Notice pursuant to Tennessee Code Annotated § 29-26-121 (a) and a HIPAA compliant medical authorization permitting Saint Thomas Health Services to obtain complete medical records from each other provider being sent a notice.

19. I attach as Exhibit 12 a copy of the Certificate of Mailing from the United States Postal Service, stamped with the date of mailing of the Notice, and enclosures to Saint Thomas Health Services.

FURTHER THIS AFFIANT SAITH NOT.



Leigh-Anne Lee

STATE OF TENNESSEE

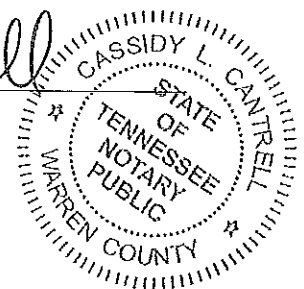
COUNTY OF WARREN

Sworn to and subscribed before me this 18th day of September, 2013.



Notary Public

My commission expires: 10/29/14



LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John R. Partin

Benjamin R. Newman

M. Trevor Galligan

Exhibit 1

October 17, 2012

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

cc: Chris J. Tardio - Gideon, Cooper & Essary

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Saint Thomas Outpatient Neurosurgical Center, LLC

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from	<u>July 1, 2012 to September 18, 2012.</u>
<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Brian W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

 If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

October 17, 2012

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: ~~10-60-7411~~

Dear Sirs:

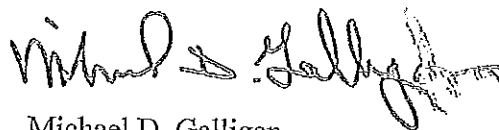
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN



Michael D. Galligan

cc: Chris J. Tardio - Gideon, Cooper & Essary

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryant Social Security Number: 10607418
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Saint Thomas Outpatient Neurosurgical Center, LLC

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health Information covering treatment from July 1, 2012 to September 18, 2012.

<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertina W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

 If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 1

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

July 3, 2013

Saint Thomas Outpatient Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Ave. Ste. 301
 Nashville, TN 37203-2023
 VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
 DOB: 1/21/1938
 SS#: ~~010-60-7419~~

Dear Sirs:

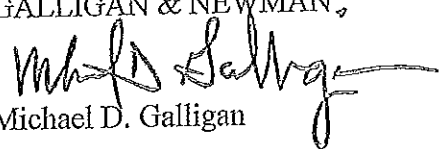
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN,


 Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o B. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group. PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: 410 60 7412

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
 Health information covering treatment from 7/1/2012 to 9/18, 2012
☐ Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.) ☐ Summary
☐ Copy of Medical Records only ☐ Discharge Summary (DS)
☒ Copy of Complete Records (Medical & Financial) ☐ Operative/Procedure Report(OP)
☐ History and Physical (H&P) ☐ Pathology Report
☐ Consultation ☐ Laboratory Report
 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____.
 If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Benton W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

July 3, 2013

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

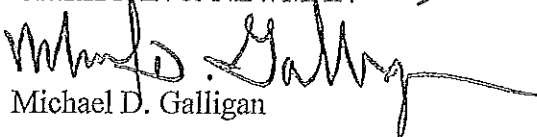
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: 100-60-7413

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelyas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelyas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
Health information covering treatment from 7/1/2012 to 9/18, 2012

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertie W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 2

2012 0470 0001 4941 6624

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.85
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.15

McMINNVILLE, TN
 Post Office Here
OCT 12 2012
 37110

Sent To: St Thomas Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 Street, Apt. 201, 2011 Murphy Ave. Ste. 301
 or PO Box Nashville, TN 37203-2023
 City, State, ZIP+4

PS Form 3817, April 2007 PSN 7530-02-000-9065

UNITED STATES POSTAL SERVICE

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mail. This form may be used for domestic and international mail.

From: Galligan & Newman
 309 West Main Street
 McMinnville, TN 37110

To: St Thomas Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Ave. Ste. 301
 Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065

1000



U.S. POSTAGE
 \$1.15
 OCT 12 2012
 0008377-10
 McMinnville, TN

SENDER: COMPLETE THIS SECTION

- ☐ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St Thomas Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Ave. Ste. 301
 Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Erinn McPeak

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Erinn McPeak

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

2012 0470 0001 4941 6624

Erinn

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549

7012 0470 0001 4941 6617

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.85
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.15

Postmark Here
 OCT 12 2012
 McMinnville TN
 USPS - 37110

Sent To: St Thomas Neurosurgical Center, LLC
 4230 Harding Pike, FL 9
 Nashville, TN 37205-2013
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 Bryant

PS Form 3811, April 2004



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS[®] for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
 309 West Main Street
 McMinnville, TN 37110

To: St Thomas Neurosurgical Center, LLC
 4230 Harding Pike, FL 9
 Nashville, TN 37205-2013

1000



U.S. POSTAGE
 PAID
 McMinnville, TN
 OCT 12 2012
 \$1.15
 00088777-10

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>St Thomas Neurosurgical Center, LLC 4230 Harding Pike, FL 9 Nashville, TN 37205-2013</p>	<p>A. Signature X Bradley Worthington Agent Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 10-15-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label) 7012 0470 0001 4941 6617</p>	<p>Bryant</p>

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Exhibit 2



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 W. Main St
Memphis, TN 37110

To: Saint Thomas Outpatient
Neurosurgical Ctr LLC
40 Gregory B. Lanford MD
2011 Murphy Ave Ste 301
Nashville, TN 37203-2023

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

Re: M Bryant

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 40.66
Certified Fee	\$ 3.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 46.31

Sent to: Saint Thomas Outpatient Neurosurgical Ctr
40 Gregory B. Lanford MD
2011 Murphy Ave Ste 301
Nashville, TN 37203-2023

Postmark Here

US 03 2013

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Saint Thomas Outpatient
Neurosurgical Center LLC
40 Gregory B. Lanford MD
2011 Murphy Ave Ste 301
Nashville, TN 37203-2023

2. Article Number
 (Transfer from service label) 7010 2780 0003 2206 3799

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
03/03/2013

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 West Main St.
Memphis, TN 37110

To: St. Thomas Outpatient Neurosurgical Center LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

PS Form 3817, April 2007 PSN 7530-02-000-9065

Product

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NASHVILLE TN 37205

Postage	\$ 0.66	0110
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	

Sent To: St. Thomas Outpatient Neurosurgical Center LLC
Street, Apt. No., or PO Box No.: FL 9 4230 Harding Pike
City, State, ZIP+4: Nashville, TN 37205-2005

PS Form 3817, April 2007 PSN 7530-02-000-9065

7010 2780 0003 2206 3782

SENDER: COMPLETE THIS SECTION

☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
St. Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

2. Article Number
(Transfer from service label)
7010 2780 0003 2206 3782

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

Exhibit 3

October 17, 2012

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
Saint Thomas Outpatient Neurosurgical Center, LLC
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Howell Allen Clinic, A Professional Corporation

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from July 1, 2012 to September 18, 2012.

<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertina W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

October 17, 2012.

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 372032023

VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: 44-60-2418

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
Saint Thomas Outpatient Neurosurgical Center, LLC
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Howell Allen Clinic, A Professional Corporation

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from	<u>July 1, 2012 to September 18, 2012.</u>
<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertina W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 3

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

July 3, 2013

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: ~~440-107-123~~

Dear Sirs:

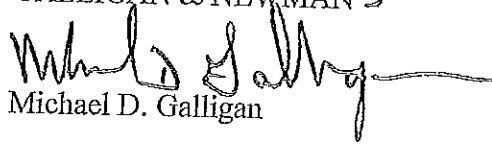
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation.
2. The type and amount of information to be used or disclosed is as follows:
 Health information covering treatment from 7/1/2012 to 9/18, 2012.

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Benton W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

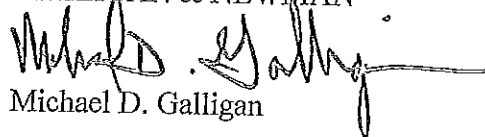
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o B. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o B. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
Health information covering treatment from 7/1/2012 to 9/18, 2012.

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Brian W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 4

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 1.85
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.85

Sent To: Howell Allen Clinic
 c/o Gregory B. Lanford, M.D.
 Street, Apt. No., or PO Box No. 2011 Murphy Avenue, Suite 301
 City, State, ZIP+4 Nashville, TN 37203-2023

Postmark: McMinnville, TN 12 OCT 2012

PS Form 3800, August 2010 See Reverse for Instructions

UNITED STATES POSTAL SERVICE
Certificate of Mailing
 This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
 309 West Main Street
 McMinnville, TN 37110

To: Howell Allen Clinic
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203-2023

U.S. POSTAGE PAID
 McMinnville, TN
 OCT 12, 2012
 AMOUNT \$1.15
 0008777-10

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION

☐ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Howell Allen Clinic
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Erinn M. Lanford* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Erinn M. Lanford

C. Date of Delivery
 OCT 12, 2012

D. Is delivery address different from Item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
 (Transfer from service label) 7012 0470 0001 4941 6648

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7012 0470 0001 4941 6631

U.S. Postal Service	
CERTIFIED MAIL[®] RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit us at www.usps.com	
OFFICIAL USE	
Postage	\$.85
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.85

McMINNVILLE TN
OCT 12 2012
PS - 37110

Sent To: Howell Allen Clinic
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023
City, State, ZIP+4

PS Form 3800, August 2006 See back for instructions

UNITED STATES POSTAL SERVICE[®]

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS[®] for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 West Main Street
McMinnville, TN 37110

To: Howell Allen Clinic
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

1000

U.S. POSTAGE
PAID
MCMINNVILLE, TN
37110
OCT 12 2012
\$1.15
0008877-10

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Howell Allen Clinic
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Erinn McPeak*
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label)

7012 0470 0001 4941 6631

Byrant

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Exhibit 4



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 West Main St
Memphis, TN 37110

To: Howell Allen Clinic
C/O Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste 301
Nashville, TN 37203-2023

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

Postmark

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NASHVILLE TN 37203

Postage	\$	0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31

Postmark Here

Sent To: Howell Allen Clinic
 Street, Apt. No., or PO Box No. C/O Gregory B. Lanford, M.D.
 City, State, ZIP+4 2011 Murphy Ave. Ste 301
Nashville, TN 37203-2023

PS Form 3800, August 2006

7010 2780 0003 2206 3836

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Howell Allen Clinic
C/O Gregory B. Lanford M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) A. [Signature] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7010 2780 0003 2206 3836

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
This form may be used for domestic and international mail.

To pay fee, affix stamps or meter postage here.

From: Galligan & Newman
309 W. Main St.
Memphis, TN 37110

To: Howell Allen Clinic
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. Postal Service
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.31

Postmark Here
JUL 23 2013
MEMPHIS, TN 37110

Sent To: Howell Allen Clinic
Street, Apt. No., or PO Box No. 2011 Murphy Ave, Ste 301
City, State, ZIP+4 Nashville, TN 37203-2023

PS Form 3817, August 2006 See back for instructions

7010 2780 0003 2206 3843

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Howell Allen Clinic
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. C. Han

☐ Agent

☐ Addressee

B. Received by (Printed Name)

A. Han

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 2780 0003 2206 3843

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 5

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

July 3, 2013

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Nurse Shamberg:

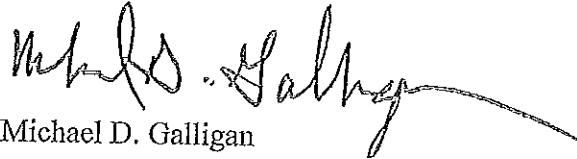
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group. PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation.
2. The type and amount of information to be used or disclosed is as follows:
Health information covering treatment from 7/1/2012 to 9/18, 2012.

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertie M. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 6



Certificate of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 W. Main St.
Memphis, TN 37100

To: Debra Shamberg RN
Howell Allen Clinic
2011 Murphy Ave. Ste 301
Nashville, TN 37203

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

Re: M Bryant

7010 2780 0003 2206 3652

US Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
NASHVILLE TN 37203	
Postage	\$ 10.10
Certified Fee	\$ 3.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 16.31

OFFICIAL USE
 JUL 03 2013
 MEMPHIS TN 38101
 USPS 9786110

Sent To: Debra Shamberg RN
Street, Apt. No.: Howell Allen Clinic
or PO Box No. 2011 Murphy Ave Ste 301
City, State, ZIP+4: Nashville TN 37203

PS Form 3800, August 2006 (See back for instructions)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Debra Shamberg RN
Howell Allen Clinic
2011 Murphy Ave Ste 301
Nashville TN 37203

COMPLETE THIS SECTION (ON DELIVERY)

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received By (Printed Name) [Signature] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7010 2780 0003 2206 3652

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 7

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Dr. Culclasure:

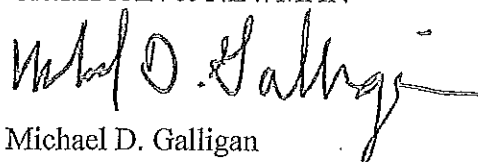
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
 Health information covering treatment from 7/1/2012 to 9/18, 2012
☐ Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.) ☐ Summary
☐ Copy of Medical Records only ☐ Discharge Summary (DS)
☒ Copy of Complete Records (Medical & Financial) ☐ Operative/Procedure Report(OP)
☐ History and Physical (H&P) ☐ Pathology Report
☐ Laboratory Report
☐ Consultation
 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Brian W. Bynum
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Dr. Culclasure:

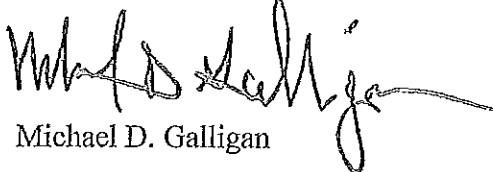
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
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3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

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c/o John R. Voigt, Esq.
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Nashville, TN 37201-2037

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Nashville, TN 37203-2023

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2011 Murphy Avenue, Suite 301
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St. Thomas Hospital - Hospitalist Group
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Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

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St. Thomas Hospital
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Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

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St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
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Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

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Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelyas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelyas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
Health information covering treatment from 7/1/2012 to 9/18, 2012.

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Brian W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 8



Certificate of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
309 W. Main St.
McMinnville, TN 37110

To: John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

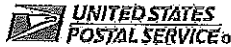
U.S. Postal Service [®]	
CERTIFIED MAIL [®] RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
NASHVILLE TN 37203	
OFFICIAL USE	
Postage	\$0.66
Certified Fee	\$3.40
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.61

Postmark: McMinnville TN 21 JUL 03 2013

Sent To: John Culclasure, MD
Howell Allen Clinic
2011 Murphy Ave., Ste. 301
Nashville, TN 37203

PS Form 3800, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to: <u>John Culclasure, M.D.</u> <u>Howell Allen Clinic</u> <u>2011 Murphy Ave. Ste. 301</u> <u>Nashville, TN 37203</u>	B. Received by (Printed Name) <u>A. Culclasure</u> C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Article Number (Transfer from service label) <u>7010 2780 0003 2206 3737</u>	



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

Galligan & Newman
809. W. Main St.
McMinnville, TN 37110

To:

John W. Culclasure, MD
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave., Ste. 301
Nashville, TN 37203-2023

Postmark Here

to
By
12/13

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HASHVILLE TN 37203

OFFICIAL USE

Postage	\$0.66	0110
Certified Fee	\$2.55	21
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.31	

Stamp: MEMPHIS TN JUL 03 2013

Sent To: John W. Culclasure, MD
Street, Apt. No., or PO Box No.: STOPNC
City, State, ZIP+4: Nashville, TN 37203-2023

USPS-3711042

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse, so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. Stein</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>John W. Culclasure, M.D. STOPNC 2011 Murphy Ave Ste 301 Nashville, TN 37203-2023</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>7010 2780 0003 2206 3713</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Item <input type="checkbox"/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

Exhibit 9

October 17, 2012

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

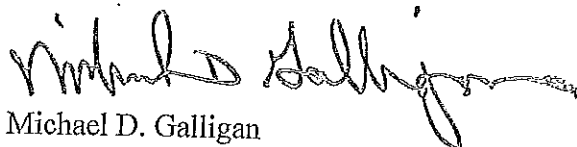
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on August 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
Saint Thomas Outpatient Neurosurgical Center, LLC
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: St. Thomas Hospital

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health Information covering treatment from July 1, 2012 to September 18, 2012.

<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertie W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttela John P. Partin Benjamin R. Newman M. Trevor Galligan

October 17, 2012

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on August 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN



Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221.

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Health Services
Saint Thomas Outpatient Neurosurgical Center, LLC
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: St. Thomas Hospital

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from July 1, 2012 to September 18, 2012.

<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Benton W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

 If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 9

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

July 3, 2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN →


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind ~~4220 Harding Road~~
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group. PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
Health information covering treatment from 7/1/2012 to 9/18, 2012

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertina W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

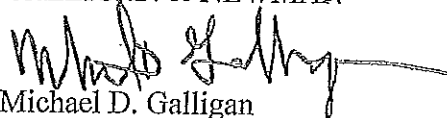
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
 Health information covering treatment from 7/1/2012 to 9/18, 2012

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
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may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

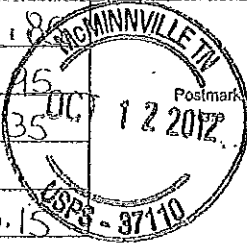
Brenda M. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 10

7012 0470 0001 4941 6570

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.80
Certified Fee	2.25
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.15
	
Sent To: St. Thomas Hospital 4220 Harding Pike Street, Apt. No., Nashville, TN 37205-2005 or PO Box No. City, State, ZIP+4: Bryant	
PS Form 3811, August 2005 See Reverse for Instructions	



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
 This form may be used for domestic and international mail.

From: Galligan & Newman
 309 West Main Street
 McMinnville, TN 37110

To: St. Thomas Hospital
 4220 Harding Pike
 Nashville, TN 37205-2005

1000



U.S. POSTAGE
 PAID
 McMinnville, TN
 OCT 12 2012
 \$1.15
 00088777-10

PS Form 3817, April 2007 PSN 7530-02-000-9085

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St. Thomas Hospital
 4220 Harding Pike
 Nashville, TN 37205-2005

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery 10/15/12
- D. Is delivery address different from Item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7012 0470 0001 4941 6570

Bryant

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

277

102595-02-14-1640

Exhibit 10



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan + Newman
309 W. Main street
Memphis, TN 37110

To: St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.31

Sent To St. Thomas Hospital
 Street, Apt. No.; or PO Box No. 4220 Harding Pike
 City, State, ZIP+4 Nashville, TN 37205-2005

PSN 7530-02-000-9065 See Reverse for Instructions

7010 2780 0003 2206 3775

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><u>St. Thomas Hospital</u> <u>4220 Harding Pike</u> <u>Nashville, TN 37205-2005</u></p>		<p>B. Received By (Printed Name) <u>[Signature]</u></p> <p>C. Date of Delivery <u>6/16/15</u></p>	
<p>2. Article Number (Transfer from service label) <u>7010 2780 0003 2206 3775</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan ? Newman
30940, Main St.
McMinnville, In 37160

To: St Thomas Hospital
60 E. Berry Holt, III
Ste 800 102 Woodmont Blvd
Nashville, In 37205-2221

Postmark Here

PS Form 3817, April 2007 PSN 7630-02-000-9065

Re: M Bryant

U.S. Postal Service[®]
CERTIFIED MAIL RECEIPT
(Postage and Insurance Coverage Provided)

To deliver information visit our website at www.usps.com

NASHVILLE TN 37205

OFFICIAL USE

Postage	\$	\$0.66
Certified Fee	\$	\$3.00
Return Receipt Fee (Endorsement Required)	\$	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$6.31

Postmark Here 21 JUL 03 2013

07/03/2013
USPS STATION

Sent To
St Thomas Hospital
Street, Apt. No. or PO Box No. 60 E. Berry Holt, III Ste 800
City, State, ZIP+4 102 Woodmont Blvd
Nashville, In 37205-2221

PS Form 3800, August 2005 State a set of instructions

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St Thomas Hospital
60 E. Berry Holt, III
Ste 800
102 Woodmont Blvd
Nashville, In 37205-2221

Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7010 2780 0003 2206 3720

Domestic Return Receipt

102595-02-M-1540

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

Exhibit 11

October 17, 2012

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

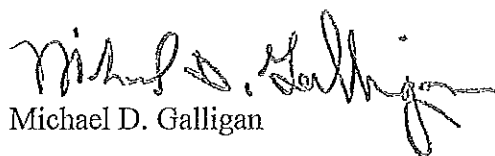
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on August 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Saint Thomas Health Services

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from July 1, 2012 to September 18, 2012.

<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

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Brian W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

 If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

FILE COPY

Michael D. Galligan Robert W. Newman Susan N. Marttala John P. Partin Benjamin R. Newman M. Trevor Galligan

October 17, 2012

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

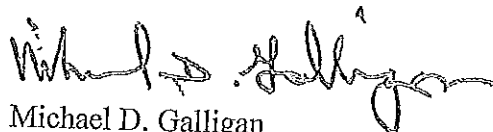
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on August 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE:

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
606 Summer Wind
Nashville, TN 37215

Gilberto Carrero, M.D.
c/o Anesthesia Services Associates
3024 Business Park Circle
Goodlettsville, TN 37072

Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Howell Allen Clinic, A Professional Corporation
c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
c/o Gregory B. Lanford, M.D.
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

St. Thomas Hospital
4220 Harding Pike
Nashville, TN 37205-2005

St. Thomas Hospital
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Steven A. Embry, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Subir Prasad, M.D.
c/o Heritage Medical Associates
St. Thomas Office
4230 Harding Road
Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group, PLC
4230 Harding Road, Ste 501W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryant Social Security Number: [REDACTED]
 Date of Birth: 21-Jan-38 Phone Number: 931.473.8405

I authorize: Christina S. Sadlow, M.D.
Damon M. Abaray, M.D.
Gilberto Carrero, M.D.
Heritage Medical Associates, P.C.
Howell Allen Clinic, A Professional Corporation
Joseph R. Zenisek, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
St. Thomas Hospital
Steven A. Embry, M.D.
Subir Prasad, M.D.
Vaughn Allen, M.D.

to disclose my information to: Saint Thomas Health Services

The purpose(s) for the use or disclose is as follows: Litigation

The type and amount of information to be used or disclosed is as follows:

Health information covering treatment from	<u>July 1, 2012 to September 18, 2012.</u>
<input checked="" type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input checked="" type="checkbox"/> Summary
<input checked="" type="checkbox"/> Copy of Medical Records only	<input checked="" type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input checked="" type="checkbox"/> Operative/Procedure Report(OP)
<input checked="" type="checkbox"/> History and Physical (H&P)	<input checked="" type="checkbox"/> Pathology Report
<input checked="" type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Laboratory Report
Other:	

I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.

I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Bertan W. Bryant
 Signature of Patient or Legal Representative

Oct. 5, 2012
 Date

 If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Exhibit 11

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

We have now extended this notice letter to additional health care providers. We are enclosing herein an updated list of the names and addresses of all providers being sent a notice and a HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

You should have already forwarded the previous notice letter and enclosures to your professional liability insurance carrier and/or your legal counsel. Please let them know of this update.

Sincerely,

GALLIGAN & NEWMAN, L.L.C.


Michael D. Galligan

OTHER PROVIDERS RECEIVING THIS NOTICE

BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT
10/17/2012

Christina S. Sadlow, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Damon M. Abaray, M.D.
St. Thomas Hospitalist Group
4220 Harding Road
Nashville, TN 37202

Gilberto Carrero, M.D.
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Nashville, TN 37215

Gilberto Carrero, M.D.
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Gilberto Carrero, M.D.
c/o Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Heritage Medical Associates, P.C.
c/o John R. Voigt, Esq.
150 3rd Ave. South, Ste. 1100
Nashville, TN 37201-2037

Heritage Medical Associates, P.C.
Suite 100 222 22nd Ave. North
Nashville, TN 37203

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2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

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c/o Gregory B. Lanford, M.D.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203-2023

Joseph R. Zenisek, M.D.
St. Thomas Hospital - Hospitalist Group
4220 Harding Road, Suite 500
Nashville, TN 37205

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c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221

Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Saint Thomas Outpatient Neurosurgical Center, LLC
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2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
FL 9
4230 Harding Pike
Nashville, TN 37205-2005

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Suite 800
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Nashville, TN 37205-2221

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Nashville, TN 37202

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c/o Heritage Medical Associates
St. Thomas Office
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Nashville, TN 37205

Subir Prasad, M.D.
St. Thomas Neurology Group. PLC
4230 Harding Road, Ste 501 W
Nashville, TN 37205

Vaughan Allen, M.D.
Neurological Surgeons, P.C.
2011 Murphy Avenue, Suite 301
Nashville, TN 37203

OTHER PROVIDERS RECEIVING NOTICE as of 7/3/2013
BERTRUM WALKER BRYANT, JR., next of kin of decedent, MARGARET RHEA BRYANT

Patricia Beckham
Baptist Women's Pavilion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D.
Howell Allen Clinic
2011 Murphy Ave., Suite 301
Nashville, TN 37203

John W. Culclasure, M.D.
Saint Thomas Outpatient Neurosurgical Center, LLC
2011 Murphy Ave. Ste. 301
Nashville, TN 37203-2023

Martin S. Kelvas, Pharmacist
St. Thomas Hospital
P. O. Box 380
Nashville, TN 37202

Martin S. Kelvas, Pharmacist
4065 Rotterdam Pass
Hampton, GA 30228

Michael O'Neal
Vanderbilt University Medical Center
1211 MCD/VUH B-101
Nashville, TN 37232

Debra Shamberg, R.N.
Howell Allen Clinic
2011 Murphy Ave. Suite 301
Nashville, TN 37203

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamberg, R.N., The purpose(s) for the use or disclose is as follows: litigation
2. The type and amount of information to be used or disclosed is as follows:
 Health information covering treatment from 7/1/2012 to 9/18, 2012

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
<input type="checkbox"/> Copy of Medical Records only	<input type="checkbox"/> Discharge Summary (DS)
<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
3. I understand that my health information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse.
5. I understand that I have a right to revoke this authorization at any time. I understand that, if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department. I understand that my revocation will not apply to the extent that the above named provider has taken action in reliance on this authorization. I understand that my revocation will not apply if this authorization was obtained as a condition of obtaining insurance coverage and the law provides my insurer with the right to contest a claim under my policy or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
 If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. The doctor or hospital may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on my signing this authorization. I understand that if I authorize the above named provider to disclose my health information, the health information may be subject to redisclosure by the recipient and

may no longer be protected by certain federal privacy regulations. If I have any questions about disclosure of my health information I can contact the provider listed above.

Brian W. Bryant
Signature of Patient or Legal Representative

7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

LAW OFFICES OF
GALLIGAN & NEWMAN

Michael D. Galligan

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newman

M. Trevor Galligan

July 3, 2013

Saint Thomas Health Services
c/o E. Berry Holt, III
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205-2221
VIA CERTIFIED MAIL

RE: MARGARET RHEA BRYANT
DOB: 1/21/1938
SS#: [REDACTED]

Dear Sirs:

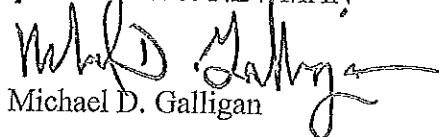
Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing Bertrum Walker Bryant, Jr., the spouse of Margaret Rhea Bryant and I am the authorized agent of Mr. Bryant. Through me and my firm, Mr. Bryant has asserted a potential claim for medical malpractice against you by notice letter sent in October of 2012. The potential claim arises out of care provided to Margaret Rhea Bryant for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 17, 2012, and/or for care provided to Margaret Rhea Bryant while she was a patient at St. Thomas Hospital from her admission on September 11, 2012, through her death and discharge on September 18, 2012.

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Sincerely,

GALLIGAN & NEWMAN


Michael D. Galligan

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10/17/2012

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c/o E. Berry Holt, III
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c/o Gregory B. Lanford, M.D.
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AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: Margaret Rhea Bryantd/o/b: January 21, 1938SS#: [REDACTED]

1. I authorize Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamborg, R.N., to Disclose my health information to : Christina S. Sadlow, M.D., Damon M. Abaray, M.D., Gilberto Carrero, M.D., Heritage Medical Associates, P.C., Howell Allen Clinic, Joseph R. Zenisek, M.D., Saint Thomas Health Services, Saint Thomas Outpatient Neurosurgical Center, LLC, St. Thomas Hospital, Steven A. Embry, M.D., Subir Prasad, M.D., Vaughan Allen, M.D., Patricia Beckham, John Culclasure, M.D., Martin S. Kelvas, pharmacist, Michael O'Neal, and Debra Shamborg, R.N., The purpose(s) for the use or disclose is as follows: litigation
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Health information covering treatment from 7/1/2012 to 9/18, 2012.

<input type="checkbox"/> Abstract (includes H&P, Progress Notes, Procedure Notes, Procedure Reports, etc.)	<input type="checkbox"/> Summary
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<input checked="" type="checkbox"/> Copy of Complete Records (Medical & Financial)	<input type="checkbox"/> Operative/Procedure Report(OP)
<input type="checkbox"/> History and Physical (H&P)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Consultation	<input type="checkbox"/> Laboratory Report

 Other: _____
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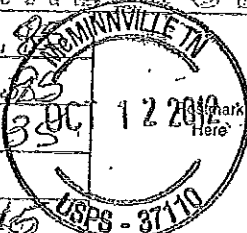
Benton W. Bryant
Signature of Patient or Legal Representative

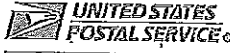
7/3/2013
Date

If signed by Legal Representative, Relationship to Patient

Exhibit 12

7012 0470 0001 4941 6594

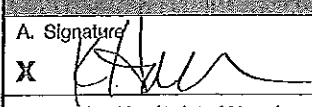
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.55
	
Sent To: St. Thomas Health Services 102 Woodmont Blvd., Suite 800 Street, Apt. No., Nashville, TN 37205-2221 or PO Box No. City, State, ZIP+4 Bryant	
PS Form 3811, April 2004 See Reverse for Instructions	

	
Certificate of Mailing	
This Certificate of Mailing provides evidence that mail has been presented to USPS [®] for mailing. This form may be used for domestic and international mail.	
From:	Galligan & Newman 309 West Main Street McMinnville, TN 37110
To:	St. Thomas Health Services 102 Woodmont Blvd., Suite 800 Nashville, TN 37205-2221
PS Form 3817, April 2007 PSN 7530-02-000-9065	

1000

UNITED STATES POSTAL SERVICE

U.S. POSTAGE
PAID
MCMINNVILLE, TN
37110
OCT 12 2012
\$1.15
00088777-10

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: St. Thomas Health Services 102 Woodmont Blvd., Suite 800 Nashville, TN 37205-2221		B. Received by (Printed Name) K. Bryant	
		C. Date of Delivery 10/15/12	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 0470 0001 4941 6594			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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 Return Receipt Fee (Endorsement Required) 0.85
 Restricted Delivery Fee (Endorsement Required) 0.85
 Total Postage & Fees \$ 6.85

Postmark
 OCT 12 2012
 McMinnville, TN

Sent To
 St. Thomas Health Services
 c/o E. Berry Holt, III
 Street, Apt. No., or PO Box No. 102 Woodmont Blvd., Suite 800
 City, State, ZIP+4 Nashville, TN 37205-2221

PS Form 3811, August 2006 See Reverse for Instructions

UNITED STATES POSTAL SERVICE
Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan & Newman
 309 West Main Street
 McMinnville, TN 37110

To: St. Thomas Health Services
 c/o E. Berry Holt, III
 102 Woodmont Blvd., Suite 800
 Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065

1 000

U.S. POSTAGE
 PAID
 McMinnville, TN
 OCT 12, 12
 \$1.15
 0008877-10

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 St. Thomas Health Services
 c/o E. Berry Holt, III
 102 Woodmont Blvd., Suite 800
 Nashville, TN 37205-2221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 E. Berry Holt, III

C. Date of Delivery
 10/15/12

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
 Transfer from service label) 7012 0470 0001 4941 6600

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Exhibit 12



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

To pay fee, affix stamps or meter postage here.

From: Galligan & Neuman
309 W. Main St
Memphis, TN 37110

To: Saint Thomas Health Services
Suite 800
102 Woodmont Blvd.
Nashville, TN 37205

Postmark Here

Byair

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$ 0.65
Certified Fee	\$ 3.10
Return Receipt Fee (Endorsement Required)	\$ 2.50
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.25

Sent To Saint Thomas Health Services
Street, Apt. No., or PO Box No. Ste 800, 102 Woodmont Blvd.
City, State, ZIP+4 Nashville, TN 37205

PS Form 3817, April 2007 PSN 7530-02-000-9065

7010 2780 0003 2206 3805

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>Saint Thomas Health Services</u> <u>Suite 800</u> <u>102 Woodmont Blvd.</u> <u>Nashville, TN 37205</u>		B. Received by (Printed Name) <u>C. Date of Delivery</u> <u>CRodenburg</u> <u>7/8/13</u>	
2. Article Number- (Transfer from service label) <u>7010 2780 0003 2206 3805</u>		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Galligan + Newman
309 W. Main Street
McMinnville, TN 37110

To: Saint Thomas Health Services Postmark Here
c/o E. Berry Holt, III
St. 800, 102 Woodmont Blvd
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065

Postmark

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.66	011
Certified Fee	\$3.10	21
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	

Postmark Here
 JUL 03 2013
 McMinnville TN 37110

Sent To
Saint Thomas Health Services
Street, Apt. No., c/o E. Berry Holt III
or PO Box No. St. 800, 102 Woodmont Blvd
City, State, ZIP+4
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p><u>Saint Thomas Health Services</u> <u>c/o E. Berry Holt III</u> <u>Suite 800</u> <u>02 Woodmont Blvd</u> <u>Nashville, TN 37205-2221</u></p> <p>2. Article Number (Transfer from service label) <u>7010 2780 0003 2206 3812</u></p>	<p>A. Signature <u>X</u> <u>Chadburg</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Chadburg</u></p> <p>C. Date of Delivery <u>7/8/13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>